

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		<b>Attorney Docket Number</b>	0119-011
		<b>First Named Inventor</b>	Adam Zadok
<b>COMPLETE IF KNOWN</b>			
		<b>Application Number</b>	/
		<b>Filing Date</b>	herewith
		<b>Group Art Unit</b>	
		<b>Examiner Name</b>	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANTI-ROLL VEHICLE SUSPENSION FOR AUTOMOBILES

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

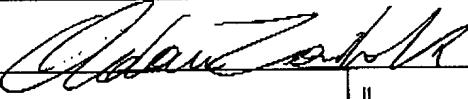
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed		Certified Copy Attached?	
			YES	NO	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	29502	OR	<input checked="" type="checkbox"/> Correspondence address below
<p><b>Name</b> Freling E. Baker <b>Address</b> 12625 High Bluff Drive Suite 203 <b>City</b> San Diego <b>State</b> CA <b>ZIP</b> 92130 <b>Country</b> USA <b>Telephone</b> (858) 350-9520 <b>Fax</b> (858) 350-9570</p>					
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b> (first and middle [if any])		<b>Family Name</b> Zadok or Surname			
<b>Inventor's Signature</b> 		<b>Date</b>			
<b>Residence: City</b> Cicero		<b>State</b> IL	<b>Country</b> USA	<b>Citizenship</b> Italian	
<b>Mailing Address</b> 1623 S 56th Court		<b>Zip</b> 60804	<b>Country</b> USA		
<b>Given Name</b> (first and middle [if any])		<b>Family Name</b> or Surname			
<b>Inventor's Signature</b>		<b>Date</b>			
<b>Residence: City</b>		<b>State</b>	<b>Country</b>	<b>Citizenship</b>	
<b>Mailing Address</b>					
<b>City</b>		<b>State</b>	<b>Zip</b>	<b>Country</b>	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0095  
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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	herewith
First Named Inventor	Adam Zadok
Group Art Unit	
Examiner Name	
Attorney Docket Number	0119-011

I hereby appoint:

Practitioners at Customer Number 29502

OR

Practitioner(s) named below:

Name	Registration Number
Freling E. BAker	24,078
Michael P. Eddy	42,505

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

OR

Firm or Individual Name	BAKER & EDDY				
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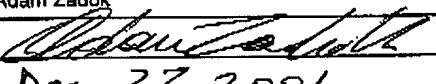
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	Adam Zadok	
Signature		
Date	Dec 27, 2001	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> *Total of forms are submitted.		

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